

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 16-31, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**I. APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application Construction Non-Construction		<b>2. DATE SUBMITTED</b> 5/12/08	Applicant Identifier B-07-UC-06-0507
Pre-application Construction Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier 95004804
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: County of Ventura		<b>Organizational Unit:</b>	
		Department: County Executive Office	
Organizational DUNS: 066691122		Division: Regional Development Division	
<b>Address:</b>		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
Street: 800 South Victoria Avenue		Prefix:	First Name: Christy
City: Ventura		Middle Name	
County: Ventura		Last Name: Madden	
State: CA	Zip Code: 93009	Suffix:	
Country: USA		Email: christy.madden@ventura.org	

**RECEIVED**

MAY 16 2008

STATE CLEARING HOUSE

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):** 95-6000944

Phone Number (give area code) 805-654-2679	Fax Number (give area code) 805-654-5106
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**8. TYPE OF APPLICATION:**

☐ New    ☒ Continuation    ☐ Revision  
 If Revision, enter appropriate letter(s) in box(es)  
 (See back of form for description of letters.)

Other (specify) ☐ ☐**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
County

Other (specify)

**9. NAME OF FEDERAL AGENCY:** U.S. Department of Housing and Urban Development**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
TITLE (Name of Program):

14.218

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):****11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**Ventura County FY 2008-09 Annual Plan-  
Community Development Block Grant Program**13. PROPOSED PROJECT**

Start Date: 7/1/08    Ending Date: 6/30/09

**14. CONGRESSIONAL DISTRICTS OF:**a. Applicant 23<sup>rd</sup> and 24<sup>th</sup>    b. Project 23<sup>rd</sup> and 24<sup>th</sup>**15. ESTIMATED FUNDING:**

a. Federal	\$ 1,989,075 .00
b. Applicant	\$ .00
c. State	\$ .00
d. Local	\$ .00
e. Other	\$ .00
f. Program Income	\$50,000 .00
g. TOTAL	\$ 2,039,075 .00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/12/2008

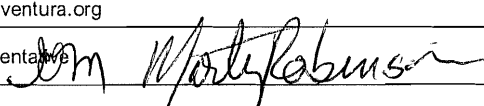
b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**Yes If "Yes" attach an explanation. ☒ No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Authorized Representative

Prefix	First Name: Marty	Middle Name
Last Name: Robinson	Suffix	
b. Title: County Executive Officer	c. Telephone Number (give area code) 805-654-2681	
Email: marty.robinson@ventura.org	Fax: 805-654-5106	
d. Signature of Authorized Representative	e. Date Signed: 5/9/08	

III. APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 5/12/08	Applicant Identifier S-07-UC-06-0507
1. TYPE OF SUBMISSION: Application Construction Non-Construction	Pre-application Construction Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier 95004804
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: County of Ventura		Organizational Unit: Department: County Executive Office	
Organizational DUNS: 066691122		Division: Regional Development Division	
Address: Street: 800 South Victoria Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Christy	
City: Ventura		Middle Name	
County: Ventura		Last Name Madden	
State: CA	Zip Code 93009	Suffix:	
Country: USA		Email: christy.madden@ventura.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944		Phone Number (give area code) 805-654-2679	Fax Number (give area code) 805-654-5106
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) County Other (specify)	
12. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Shelter Program 14.231		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County, Fillmore, Moorpark, Ojai, Port Hueneme, Santa Paula		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ventura County FY 2008-09 Annual Plan- Emergency Shelter Program	
13. PROPOSED PROJECT Start Date: 7/1/08 Ending Date: 6/30/09		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23 <sup>rd</sup> and 24 <sup>th</sup> b. Project 23 <sup>rd</sup> and 24 <sup>th</sup>	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 89,129 . <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/12/2008	
b. Applicant	\$ . <sup>00</sup>	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ . <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local (Match)	\$ 89,129 . <sup>00</sup>	Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
e. Other (ADDI)	\$ . <sup>00</sup>		
f. Program Income	\$ . <sup>00</sup>		
g. TOTAL	\$ 178,258 . <sup>00</sup>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Marty	Middle Name	
Last Name Robinson	Suffix		
b. Title County Executive Officer	c. Telephone Number (give area code) 805-654-2681		
Email: marty.robinson@ventura.org	Fax: 805-654-5106		
d. Signature of Authorized Representative 	e. Date Signed 5/9/08		

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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. Federal Identifier</b> DEFG0291ER40874 Supplement	<b>Applicant Identifier</b>  <b>State Application Identifier</b>  <div style="border: 2px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">           RECEIVED            MAY 16 2008            STATE CLEARING-HOUSE         </div>
<b>5. APPLICANT INFORMATION</b>			
* Legal Name: The Regents of the University of California Department: Office of Research    Division: Sponsored Programs * Street1: 1850 Research Drive    Street2: Suite 300 * City: Davis    County: Yolo    * State: CA: California Province:    * Country: UNITED ST    * ZIP / Postal Code: 95618			
* Organizational DUNS: 047120084			
Person to be contacted on matters involving this application Prefix:    * First Name: Bill    Middle Name:    * Last Name: Tuck    Suffix: * Phone Number: 530-752-4088    Fax Number: 530-752-4717    Email: wtuck@ucdavis.edu			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 94-8036484		<b>7. * TYPE OF APPLICANT:</b> H: Public/State Controlled Institution of Higher Education Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
<b>8. * TYPE OF APPLICATION:</b> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81,049 <b>TITLE:</b> Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Research in High Energy Physics			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Davis, California			
<b>13. PROPOSED PROJECT:</b> * Start Date: 01/01/2008    * Ending Date: 12/31/2008		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: CA-001    b. * Project: CA-001	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix:    * First Name: Dr. Winston    Middle Name:    * Last Name: Ko    Suffix: Position/Title: Professor    * Organization Name: The Regents of the University of California Department: Physics    Division: Letters and Sciences * Street1: One Shields Ave    Street2: * City: Davis    County: Yolo    * State: CA: California Province:    * Country: UNITED ST    * ZIP / Postal Code: 95618 * Phone Number: 530-752-1283    Fax Number: 530-752-4717    Email: wko@ucdavis.edu			



**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding **77,000.00**

b. \* Total Federal & Non-Federal Funds **77,000.00**

c. \* Estimated Program Income **0.00**

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: **05/16/2008**

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: **Bernadine** Middle Name: \* Last Name: **Smith** Suffix:

\* Position/Title: **Contract and Grants Officer** \* Organization: **The Regents of the University of California**

Department: **Office of Research** Division: **Sponsored Programs**

\* Street1: **1850 Research Drive** Street2: **Suite 300**

\* City: **Davis** County: **Yolo** \* State: **CA; Californ**

Province: \* Country: **UNITED ST** \* ZIP / Postal Code: **95618**

\* Phone Number: **530-747-3908** Fax Number: **530-747-3929** \* Email: **bersmith@ucdavis.edu**

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application****21. Attach an additional list of Project Congressional Districts if needed.**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3/31/08	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: COUNTY OF SAN DIEGO		Organizational Unit: Department: PUBLIC WORKS	
Organizational DUNS: 00-9561646		Division: AIRPORTS	
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92020 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix: Email: Peter.Drinkwater@sdcounty.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 05-6000934		Phone Number (give area code) (619) 956-4800 Fax Number (give area code) (619) 956-4801	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County, El Cajon, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GILLESPIE FIELD - Rehabilitate Runway, Apron, Transient Ramps and connecting Taxiways (RSAT)	
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,310,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/04/08	
b. Applicant	\$ 36,197	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 32,750	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 1,378,947		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name PETER	Middle Name	
Last Name DRINKWATER	Suffix		
b. Title DIRECTOR OF COUNTY AIRPORTS	c. Telephone Number (give area code) (619) 956-4800		
d. Signature of Authorized Representative	e. Date Signed 3/31/08		

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DOT

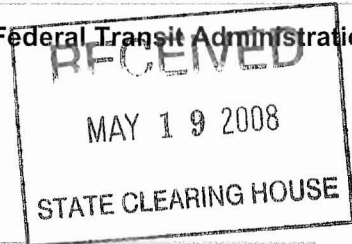


FTA

U.S. Department of Transportation

Federal Transit Administration

## Application



Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-04-0092
Budget Number:	1 - Budget Pending Approval
Project Information:	Preventive Maintenance

## Part 1: Recipient Information

Project Number:	CA-04-0092
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

## Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$267,000,000
Project Number:	CA-04-0092	Adjustment Amt:	\$0
Project Description:	Preventive Maintenance	Total Eligible Cost:	\$267,000,000
Recipient Type:	Transit Authority	Total FTA Amt:	\$213,600,000
FTA Project Mgr:	Ray Tellis - 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Gladys Lowe - 213.922.2459	Total Local Amt:	\$53,400,000
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309-2	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2008 - Dec. 31, 2009	Est. Oblig Date:	None Specified
Recvd. By State:			

EO 12372 Rev:	YES	Pre-Award Authority?:	Yes
Review Date:	May. 19, 2008		
Planning Grant?:	NO	Fed. Debt Authority?:	No
Program Date (STIP/UPWP/FTA Prm Plan) :	Jun. 30, 2008	Final Budget?:	No
Program Page:	11		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

### Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

### Congressional Districts

State ID	District Code	District Official
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Laura Richardson
6	38	Grace F Napolitano
6	39	Linda T Sanchez
6	42	Gary G Miller
6	46	Dana Rohrabacher

### Project Details

The Los Angeles County Metropolitan Transportation Authority (Metro) hereby submits grant application CA-04-0092 requesting \$213,600,000 in FY07 Section 5309 Bus and Bus-Related Capital funds.

These funds are being requested for preventive maintenance activities for revenue vehicles and related bus operations preventive maintenance.

Formed in 1993, Metro serves as the transportation planner, coordinator, designer, builder and regional public transportation operator for Los Angeles county, California. More than 9 million people, nearly one-third of California's residents, live within Metro's service area. Metro fixed-route transit service is provided with 161 directly operated bus routes, 24 contractor-operated bus routes, 2 heavy rail lines, and 3 light rail lines with 11 bus divisions and 4 rail divisions. In all, Metro has 17 operating divisions, 65 rail stations, 9 support locations, 7 customer service centers, 4 transit terminals, and 28 park-and-ride facilities. Metro bus system provides service to 1.2 million passengers daily. The entire fleet is wheelchair accessible and over 80% of the fleet is powered by compressed natural gas (CNG). Metro's rail system provides service to over 225,000 passengers daily.

A copy of this application has been submitted to the State Office of Planning and Research and to the Southern California Association of Governments for their review and comment.

Funds requested in this application are included in the Transportation Improvement Program approved by the FTA and FHWA.

Transportation Development Act (TDA), State Transit Assistance (STA), and/or Prop. C 40% Discretionary funds will be used to match the federal funds. These funds are in the approved Metro Annual Budget.

The required FTA FY2008 Certifications and Assurances have been electronically filed in TEAM on November 28, 2007.

There are no pending Civil Rights issues affecting this grant application.

For information regarding the labor union list, please refer to the labor union section under our recipient profile in TEAM.

All DOL checklist items have been addressed within this application.

#### OTHER TRANSIT PROVIDERS

The following municipal operators/transit providers also operate fixed-route public transit service within the Metro's general service area:

- City of Commerce Transit
- Culver City Municipal Transit
- Foothill Transit
- Gardena Transit
- La Mirada Transit
- Long Beach Municipal Transit
- Los Angeles DOT
- Montebello Municipal Transit
- Norwalk Transit
- Santa Monica Big Blue Bus
- Torrance Transit

### **Earmarks**

**No information found.**

### **Security**

**No information found.**

## **Part 3: Budget**

**Project Budget**

	Quantity	FTA Amount	Tot. Elig. Cost
<b>SCOPE</b>			
<b>117-00 OTHER CAPITAL ITEMS (BUS)</b>	0	\$213,600,000.00	\$267,000,000.00
<b>ACTIVITY</b>			
<b>11.7A.00 LA963543 PREVENTIVE MAINTENANCE</b>	0	\$213,600,000.00	\$267,000,000.00
<b>Estimated Total Eligible Cost:</b>			<b>\$267,000,000.00</b>
<b>Federal Share:</b>			<b>\$213,600,000.00</b>
<b>Local Share:</b>			<b>\$53,400,000.00</b>

**OTHER (Scopes and Activities not included in Project Budget Totals)****None****No Amendment Funding Source information is available for the selected project****Alternative Fuel Codes****Extended Budget Descriptions**

<b>11.7A.00</b>	<b>LA963543 PREVENTIVE MAINTENANCE</b>	<b>0</b>	<b>\$213,600,000.00</b>	<b>\$267,000,000.00</b>
<p>This line item will be used to fund preventive maintenance activities for Metro fiscal year 2009, from July 1, 2008 through June 30, 2009; and a portion of fiscal year 2010, from July 1, 2009 through June 30, 2010.</p> <p>These funds will fund vehicle and non-vehicle maintenance activities. This will include replacement of engines, bus painting, body repair, rebuilding parts, wheelchair maintenance, seats replacement, window guard replacement, fare collection and counting maintenance, graffiti removal and various routine preventive maintenance activities.</p> <p>The federal funds will be matched with TDA Article 4, STA, and Prop C 40% Discretionary funds.</p>				

**Part 4. Milestones**
**11.7A.00 LA963543 PREVENTIVE MAINTENANCE**      0      \$213,600,000      \$267,000,000

	Milestone Description	Est. Comp. Date
1.	Start Date	Jul. 01, 2008
2.	End Date	Dec. 31, 2009

<b>APPLICATION FOR FEDERAL ASSISTANCE</b> <b>SF 424 (R&amp;R)</b>		<b>2. DATE SUBMITTED</b>		<b>Applicant Identifier</b>	
		<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>	
<b>1. * TYPE OF SUBMISSION</b> <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		<b>4. Federal Identifier</b> DE-FC02-07ER54918-Supplemental			
<b>5. APPLICANT INFORMATION</b> <span style="float:right">* Organizational DUNS:092530369</span>					
* Legal Name: Regents of the University of California, Los Angeles Department: Division: * Street1: Office of Contract and Grant Administration Street2: 11000 Kinross Avenue, Suite 102 * City: Los Angeles County: Los Angeles * State: CA: California Province: * Country: USA: UNITED STATES * ZIP / Postal Code: 90095					
Person to be contacted on matters involving this application					
Prefix: * First Name:		Middle Name:		* Last Name: Suffix:	
Ms. Kristln				Lund	
* Phone Number: 310-794-0171		Fax Number: 310-943-1656		Email: klund@resadmin.ucla.edu	
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN):</b> 956006143			<b>7. * TYPE OF APPLICANT</b> H: Public/State Controlled Institution of Higher Education		
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision			Other (Specify): <b>Small Business Organization Type</b> <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged		
If Revision, mark appropriate box(es). <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):			<b>9. * NAME OF FEDERAL AGENCY:</b> DOE		
* Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?			<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Annual Notice Submission of Renewal and Supplemental Applications for Of- fice of Science Grants and Cooperative Agreement		
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Basic Plasma Science Facility Upgrade					
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Los Angeles, CA					
<b>13. PROPOSED PROJECT:</b> * Start Date                      * Ending Date 01/01/2008                      12/31/2008			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant                      b. * Project CA-030                      CA-030		
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>					
Prefix: * First Name:		Middle Name:		* Last Name: Suffix:	
Dr. Waller				Gekelman	
Position/Title: Professor		* Organization Name: Regents of the University of California, Los Angeles			
Department: Physics and Astronomy		Division:			
* Street1: BOX 951547		Street2: 1000 Veteran Ave, Rm 15-70			
* City: Los Angeles		County: Los Angeles		* State: CA: California	
Province:		* Country: USA: UNITED STATES		* ZIP / Postal Code: 90095-1696	
* Phone Number: 310-206-6904		Fax Number: 310-206-1772		* Email: gekelman@physics.ucla.edu	

**SF 424 (R&R)** APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

<b>16. ESTIMATED PROJECT FUNDING</b> a. * Total Estimated Project Funding     \$15,000.00 b. * Total Federal & Non-Federal Funds   \$15,000.00 c. * Estimated Program Income             \$0.00	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 05/20/2008 b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																												
<b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b> <input checked="" type="radio"/> * I agree * The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.																													
<b>19. Authorized Representative</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Prefix:</td> <td style="width: 25%;">* First Name:</td> <td style="width: 20%;">Middle Name:</td> <td style="width: 20%;">* Last Name:</td> <td style="width: 20%;">Suffix:</td> </tr> <tr> <td>Ms.</td> <td>Karen</td> <td>D</td> <td>Marchant</td> <td></td> </tr> </table> <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td style="width: 33%;">* Position/Title: Grant Analyst</td> <td colspan="2">* Organization Name: Regents of the University of California, Los Angeles</td> </tr> <tr> <td>Department: Office of Contracts and Grants</td> <td colspan="2">Division: Univ of Calif, Los Angeles</td> </tr> <tr> <td>* Street1: Office of Contract and Grant Admin</td> <td colspan="2">Street2: 11000 Kinross Ave, Ste 102</td> </tr> <tr> <td>* City: Los Angeles</td> <td>County: Los Angeles County</td> <td>* State: CA: California</td> </tr> <tr> <td>Province:</td> <td>* Country: USA: UNITED STATES</td> <td>* ZIP / Postal Code: 90095</td> </tr> <tr> <td>* Phone Number: 310-794-0171</td> <td>Fax Number: 310-943-1656</td> <td>* Email: ocga3@research.ucla.edu</td> </tr> </table> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">           * Signature of Authorized Representative  <div style="border-top: 1px solid black; width: 100%; text-align: center; margin-top: 5px;">Karen Marchant</div> </div> <div style="width: 45%;">           * Date Signed  <div style="border-top: 1px solid black; width: 100%; height: 20px;"></div> </div> </div>		Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:	Ms.	Karen	D	Marchant		* Position/Title: Grant Analyst	* Organization Name: Regents of the University of California, Los Angeles		Department: Office of Contracts and Grants	Division: Univ of Calif, Los Angeles		* Street1: Office of Contract and Grant Admin	Street2: 11000 Kinross Ave, Ste 102		* City: Los Angeles	County: Los Angeles County	* State: CA: California	Province:	* Country: USA: UNITED STATES	* ZIP / Postal Code: 90095	* Phone Number: 310-794-0171	Fax Number: 310-943-1656	* Email: ocga3@research.ucla.edu
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:																									
Ms.	Karen	D	Marchant																										
* Position/Title: Grant Analyst	* Organization Name: Regents of the University of California, Los Angeles																												
Department: Office of Contracts and Grants	Division: Univ of Calif, Los Angeles																												
* Street1: Office of Contract and Grant Admin	Street2: 11000 Kinross Ave, Ste 102																												
* City: Los Angeles	County: Los Angeles County	* State: CA: California																											
Province:	* Country: USA: UNITED STATES	* ZIP / Postal Code: 90095																											
* Phone Number: 310-794-0171	Fax Number: 310-943-1656	* Email: ocga3@research.ucla.edu																											
<b>20. Pre-application File Name: Mime Type:</b>																													
<b>21. Attach an additional list of Project Congressional Districts if needed.</b> File Name: Mime Type:																													

Tracking Number:

Funding Opportunity Number:

Received Date: Time Zone: GMT-5

OMB Number: 4040-0001  
Expiration Date: 04/30/2008

\*\* TOTAL PAGE.03 \*\*



**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 	<b>Applicant Identifier</b> 
<b>5. APPLICANT INFORMATION</b>		<b>3. DATE RECEIVED BY STATE</b> 	<b>State Application Identifier</b> 
<b>4. Federal Identifier</b> DE-FG02-91ER40662 Supplement			
<b>5. APPLICANT INFORMATION</b> * Organizational DUNS: 092530369			
* Legal Name: The Regents of the University of California			
Department: Office of Contract & Grant Adm		Division: UCLA	
* Street1: 11000 Kinross Avenue, Suite 102		Street2:	
* City: Los Angeles		County: Los Angeles	* State: CA: Californ
Province:		* Country: UNITED ST	* ZIP / Postal Code: 90095-1406
Person to be contacted on matters involving this application			
Prefix: * First Name: Ms.		Middle Name:	* Last Name: Lund      Suffix:
* Phone Number: 310-794-0171		Fax Number: 310-794-0631	Email: klund@resadmin.ucla.edu
<b>6. EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 1956006143A1		<b>7. TYPE OF APPLICANT:</b> H: Public/State Controlled Institution of Higher Education	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049	
What other Agencies?		TITLE: Office of Science Financial Assistance Program	
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Supplemental Funding Proposal for Hadron Collider Physics with CMS at CERN - Task L			
<b>12. AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.) Los Angeles, CA			
<b>13. PROPOSED PROJECT:</b> * Start Date: 01/15/2008      * Ending Date: 01/14/2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: CA-030      b. * Project: CA-030	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
Prefix: * First Name: Prof.		Middle Name: B.	* Last Name: Cline      Suffix:
Position/Title: Professor of Physics & Astronomy		* Organization Name: The Regents of the University of California	
Department: Physics and Astronomy		Division: UCLA	
* Street1: 475 Portola Plaza		Street2:	
* City: Los Angeles		County: Los Angeles	* State: CA: Californ
Province:		* Country: UNITED ST	* ZIP / Postal Code: 90095-1547
* Phone Number: 310-825-1673		Fax Number: 310-208-1091	* Email: ddcline@physics.ucla.edu

**RECEIVED**  
MAY 20 2008  
STATE CLEARING HOUSE

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding

b. \* Total Federal & Non-Federal Funds

c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Ms. Kristin Lund  
\* Position/Title: Grant Analyst \* Organization: The Regents of the University of California  
Department: Office of Contract & Grant Adm Division: UCLA  
\* Street1: 11000 Kinross Avenue, Suite 102 Street2:  
\* City: Los Angeles County: Los Angeles \* State: CA: Californi  
Province: \* Country: UNITED ST \* ZIP / Postal Code: 90095-1406  
\* Phone Number: 310-794-0171 Fax Number: 310-794-0631 \* Email: klund@resadmin.ucla.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

Add Attachment

**21. Attach an additional list of Project Congressional Districts if needed.**

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008



**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding 42,000.00

b. \* Total Federal &amp; Non-Federal Funds 42,000.00

c. \* Estimated Program Income 0.00

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 05/21/2008

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Ms. Kristin Lund

\* Position/Title: Grant Analyst \* Organization: The Regents of the University of California

Department: Office of Contract &amp; Grant Adm Division: UCLA

\* Street1: 11000 Kinross Avenue, Suite 102 Street2:

\* City: Los Angeles County: Los Angeles \* State: CA: California

Province: \* Country: UNITED STATES \* ZIP / Postal Code: 90095-406

\* Phone Number: 310-794-0171 Fax Number: 310-794-0631 \* Email: klund@resadmin.ucla.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

Add Attachment

**21. Attach an additional list of Project Congressional Districts if needed.**

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## Application for Federal Assistance SF-424

Version 02

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## 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

## 3. If Revision, select appropriate letter(s):

\* Other (Specify)

## 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

N/A

## 5a. Federal Entity Identifier:

N/A

## 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

## a. Legal Name:

## b. Employer/Taxpayer Identification Number (EIN/TIN):

68-0325102

## c. Organizational DUNS:

80321891

## d. Address:

## \* Street1:

1001 I Street

## Street2:

## \* City:

Sacramento

## County:

## \* State:

California

## Province:

## \* Country:

USA

## \* Zip / Postal Code:

95814

## e. Organizational Unit:

## Department Name:

Department of Pesticide Regulation

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

Mr.

## \* First Name:

David

## Middle Name:

## \* Last Name:

McCarty

## Suffix:

## Title:

Staff Services Manager I

## Organizational Affiliation:

## \* Telephone Number:

(916) 323-4995

## Fax Number:

(916) 445-4149

## \* Email:

dmccarty@cdpr.ca.gov

OMB Number: 4040-0004  
Expiration Date: 07/31/2008

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

State Agency

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

U.S. Environmental Protection Agency

## 11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

## \* 12. Funding Opportunity Number:

\* Title:

## 13. Competition Identification Number:

N/A

Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

## \* 15. Descriptive Title of Applicant's Project:

Consolidated Cooperative Agreement

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant \* b. Program/Project 

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: \* b. End Date: 

## 18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$2,252,927.00"/>
* b. Applicant	<input type="text" value="\$679,474.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$2,932,401.00"/>

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:  \* First Name: Middle Name: \* Last Name: Suffix: \* Title: \* Telephone Number: Fax Number: \* Email: \* Signature of Authorized Representative: Date Signed: 

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424		Version 02
<b>*1. Type of Submission:</b> <input type="checkbox"/> Proapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>*2. Type of Application</b> <b>* If Revision, select appropriate letter(s)</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <b>*Other (Specify)</b> _____ <input type="checkbox"/> Revision
<b>3. Date Received:</b> <b>4. Applicant Identifier:</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED MAY 22 2008 STATE CLEARING HOUSE</div>
<b>5a. Federal Entity Identifier:</b> <b>*5b. Federal Award Identifier:</b> AD-16178-07-60-A-48		
<b>State Use Only:</b>		
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>
<b>8. APPLICANT INFORMATION:</b>		
<b>*a. Legal Name:</b> SER-Jobs for Progress National, Inc.		
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 850197752		<b>*c. Organizational DUNS:</b> 074113481 CCR
<b>d. Address:</b>		
<b>*Street 1:</b> <u>122 W. John Carpenter Freeway</u>		
<b>Street 2:</b> <u>Suite 200</u>		
<b>*City:</b> <u>Irving</u>		
<b>County:</b> <u>Dallas</u>		
<b>*State:</b> <u>Texas</u>		
<b>Province:</b> _____		
<b>*Country:</b> <u>USA</u>		
<b>*Zip / Postal Code</b> <u>75039</u>		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Operations Dept.		<b>Division Name:</b> SCSEP Program Operations
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> <u>Mr.</u> <b>*First Name:</b> <u>Arturo</u>		
<b>Middle Name:</b> _____		
<b>*Last Name:</b> <u>Zertuche</u>		
<b>Suffix:</b> _____		
<b>Title:</b> <u>SCSEP National Director</u>		
<b>Organizational Affiliation:</b> N/A		
<b>*Telephone Number:</b> 469-524-1200, ext. 269		<b>Fax Number:</b> 469-524-1287
<b>*Email:</b> <u>azertuche@ser-national.org</u>		



OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
<b>*9. Type of Applicant 1: Select Applicant Type:</b> M  Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  *Other (Specify)	
<b>*10 Name of Federal Agency:</b> U.S. Department of Labor/Employment and Training Administration	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 17.235  CFDA Title: Older Workers' Program	
<b>*12 Funding Opportunity Number:</b>    <b>*Title:</b>  	
<b>13. Competition Identification Number:</b>    <b>Title:</b>  	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>  The SCSEP project will be operated in the following states: California, Colorado, Florida, Illinois, Kansas, Rhode Island, Texas, and Wisconsin. For a complete list of counties in each state will be served by SCSEP, please refer to Attachment A of this application.	
<b>*15. Descriptive Title of Applicant's Project:</b>  The Senior Community Service Employment Program will serve individuals 55 years and older and will provide training opportunities in host agencies. In addition, the project will prepare these individuals for unsubsidized employment and will assist with job placement and retention.	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: TX-032

\*b. Program/Project: See attached Sub Grantee List

**17. Proposed Project:**

\*a. Start Date: July 1, 2008

\*b. End Date: June 30, 2009

**18. Estimated Funding (\$):**

*a. Federal	30,190,014.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	3,354,446.00
*f. Program Income	
*g. TOTAL	33,544,460.00

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/22/08
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E. O. 12372

**\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

**Authorized Representative:**

Prefix: Mr. \*First Name: Ignacio

Middle Name:

\*Last Name: Salazar

Suffix:

\*Title: President/CEO

\*Telephone Number: 469-524-1200

Fax Number: 469-524-1287

\* Email: isalazar@ser-national.org

\*Signature of Authorized Representative:

*Ignacio Salazar*

\*Date Signed: 5-22-08

GRANTS.GOV

## Grant Application Package

**Opportunity Title:** Community-Scale Air Toxics Ambient Monitoring  
**Offering Agency:** Environmental Protection Agency  
**CFDA Number:** 66.034  
**CFDA Description:** Surveys, Studies, Investigations, Demonstrations and Spe  
**Opportunity Number:** EPA-OAR-OAQPS-07-01  
**Competition ID:**  
**Opportunity Open Date:** 02/01/2007  
**Opportunity Close Date:** 04/17/2007  
**Agency Contact:** Please contact Michael Jones at (919) 541

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* Application Filing Name: SCAQMD-FY07-Community Scale Monitoring

## Mandatory Documents

Application for Federal Assistance (SF-424)  
Project Narrative Attachment Form

Move Form to  
Submission List

Move Form to  
Documents List

## Mandatory Completed Documents for Submission

Budget Information for Non-Construction Programs (SF-424A)

Open Form

## Optional Documents

Move Form to  
Submission List

Move Form to  
Documents List

## Optional Completed Documents for Submission

## Instructions

1

Enter a name for the application in the Application Filing Name field.

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Submit" button will not be functional until the application is complete and saved.

2

Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

-It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.

-The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package Instructions for more information regarding "Optional Documents".

-To open an item, simply click on it to select the item and then click on the "Open" button. When you have completed a form or document, click the form/document name to select it, and then click the => button. This will move the form/document to the "Completed Documents" box. To remove a form/document from the "Completed Documents" box, click the form/document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.

-When you open a required form, the fields which must be completed are highlighted in yellow. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

3

Click the "Submit" button to submit your application to Grants.gov.

- Once you have properly completed all required documents and saved the application, the "Submit" button will become active.
- You will be taken to a confirmation page where you will be asked to verify that this is the funding opportunity and Agency to which you want to submit an application.

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant <input type="text" value="42"/>	* b. Program/Project <input type="text" value="25-48"/>	
Attach an additional list of Program/Project Congressional Districts if needed. <div style="text-align: center;"><input type="button" value="Add Attachment"/></div>		
<b>17. Proposed Project:</b>		
* a. Start Date: <input type="text" value="09/01/2007"/>	* b. End Date: <input type="text" value="06/30/2009"/>	
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="697,689.00"/>	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"><b>RECEIVED</b>  MAY 22 2008  STATE CLEARING HOUSE</div>
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="697,689.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="5-22-08"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Barry"/>	
Middle Name: <input type="text" value="R."/>		
* Last Name: <input type="text" value="Wallerstein"/>		
Suffix: <input type="text" value="D. Env."/>		
* Title: <input type="text" value="Executive Officer"/>		
* Telephone Number: <input type="text" value="909-396-2100"/>		Fax Number: <input type="text"/>
* Email: <input type="text" value="bwallerstein@aqmd.gov"/>		
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/> * Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>		

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# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b>	
Legal Name: City of Farmersville/Farmersville Redevelopment Agency	Organizational Unit: Department: Fire Department
Organizational DUNS: 00-495-3360	Division:
<b>Address:</b> Street: 909 W. Visalia Rd.	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Rene'
City: Farmersville	Middle Name
County: Tulare	Last Name Miller
State: CA	Suffix:
Country: USA	Email: cparene@sbcglobal.net
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6050396	Phone Number (give area code) 559-747-0458
	Fax Number (give area code) 559-747-6724
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C - Municipal Other (specify)
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Comm FACILITIES GRANT	<b>9. NAME OF FEDERAL AGENCY:</b>
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Farmersville, and areas of Tulare County	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Purchase of Mini Pumper Fire Engine
<b>13. PROPOSED PROJECT</b> Start Date: 4-1-08 Ending Date: 8-31-08	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 21st b. Project 21st
<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 50,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ 113,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 163,000.00	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
<b>a. Authorized Representative</b>	
Prefix	First Name Rene'
Last Name Miller	Middle Name
b. Title City Manager	Suffix
d. Signature of Authorized Representative	c. Telephone Number (give area code) 559-747-0458
	e. Date Signed 3-26-08

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5/22/2008		<b>Applicant Identifier</b> CHEM: 08-APL	
<b>3. DATE RECEIVED BY STATE</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>State Application Identifier</b>	
<b>5. APPLICANT INFORMATION</b> Legal Name: CHEMEHUEVI INDIAN TRIBE Organizational DUNS: 02-873-5165 Address: Street: P.O. Box 1976 City: HAVASU LAKE County: SAN BERNARDINO State: CA Zip Code 92363 Country: USA		<b>Organizational Unit:</b> Department: PLANNING Division:  Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: WILLIAM Middle Name: LOUIS Last Name: COX Suffix:  Email: tribe@citlink.net Phone Number (give area code) 760-858-1116 Fax Number (give area code) 760-858-1805		<b>FEDERAL IDENTIFIER</b>	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 86-0252239		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) K - Indian Tribe Other (specify)		<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	
<b>9. NAME OF FEDERAL AGENCY:</b> FAA		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20-106 TITLE (Name of Program): Airport Capital Improvement Program (ACIP)		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Update Chemehuevi Valley Airport Layout Plan	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Havasus Lake, CA Lake Havasu City, AZ, San Bernardino County, CA		<b>13. PROPOSED PROJECT</b> Start Date: July 2008 Ending Date: Dec 2008		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 35, CA b. Project 35, CA	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
a. Federal \$ 26,990.00		a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 22, 2008		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
b. Applicant \$ 2,900.00		b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State \$ .00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local \$ .00					
e. Other \$ .00					
f. Program Income \$ .00					
g. TOTAL \$ 29,890.00					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix MR.		First Name Charles		Middle Name Franklin	
Last Name Wood		Suffix		c. Telephone Number (give area code) 760-858-4301	
b. Title CHEMEHUEVI COUNCIL CHAIRMAN		d. Signature of Authorized Representative		e. Date Signed May 22, 2008	

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**Application for Federal Assistance SF-424**

Version 02

**\*1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\*2. Type of Application**

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_

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**MAY 27 2008**

**STATE CLEARING HOUSE**

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Senior Service America, Inc.

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
52-6048236

\*c. Organizational DUNS:  
84-985-4310

**d. Address:**

\*Street 1: 8403 Colesville Road  
Street 2: Suite 1200  
\*City: Silver Spring  
County: \_\_\_\_\_  
\*State: Maryland  
Province: \_\_\_\_\_  
\*Country: USA  
\*Zip / Postal Code 20910-3314

**e. Organizational Unit:**

Department Name:  
Senior Community Service Employment Program

Division Name:

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: Mr. \*First Name: Anthony  
Middle Name: R.  
\*Last Name: Sarmiento  
Suffix: \_\_\_\_\_

Title: President and Executive Director

Organizational Affiliation:

\*Telephone Number: 301-578-8469

Fax Number: 301-578-8947

\*Email: tsarmiento@ssa-i.org

**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

**U.S. Department of Labor, Employment and Training Administration**

**11. Catalog of Federal Domestic Assistance Number:**

17.235

CFDA Title:

Senior Community Service Employment Program

**\*12 Funding Opportunity Number:**

\*Title:

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

**See Attachment I in Part I**

**\*15. Descriptive Title of Applicant's Project:**

Promote part-time community service and work-based training opportunities for low-income individuals age 55 and older, and foster self-sufficiency.



## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\*a. Applicant: Maryland 004

\*b. Program/Project: See Attachment I

## 17. Proposed Project:

\*a. Start Date: 07/01/2008

\*b. End Date: 06/30/2009

## 18. Estimated Funding (\$):

*a. Federal	60,434,186
*b. Applicant	6,714,910
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	67,149,096

## \*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/19/2008
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E. O. 12372

## \*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

## Authorized Representative:

Prefix: Mr. \*First Name: Anthony

Middle Name: R.

\*Last Name: Sarmiento

Suffix: \_\_\_\_\_

\*Title: Executive Director

\*Telephone Number: 301-578-8469

Fax Number: 301-578-8947

\* Email: tsarmiento@ssa-i.org

\*Signature of Authorized Representative:

\*Date Signed: 05/19/2008

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> MAY 23 2008	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>		04-032-0942690091		
Legal Name: INDIAN VALLEY COMMUNITY SERVICES DISTRICT		Organizational Unit: Department: GREENVILLE WATER SYSTEM		
Organizational DUNS: 828774759		Division: WATER TREATMENT PLANT		
Address: Street: PO Box 699 430 Main Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Greenville		Prefix: MS	First Name: LEANNA	
County: Plumas		Middle Name		
State: CA		Last Name MOORE		
Zip Code 95947		Suffix:		
Country: USA		Email: leannamoore@frontiernet.net		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2890091		Phone Number (give area code) (530) 284-7224		Fax Number (give area code) (530) 284-0894
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) SPECIAL DISTRICT Other (specify)		
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> RURAL UTILITIES SERVICE		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-760		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Rehabilitation of the Greenville Water Treatment Plant		
TITLE (Name of Program): WATER AND WASTE DISPOSAL LOAN AND GRANT PROGRAM				
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): COMMUNITY OF GREENVILLE, PLUMAS COUNTY, CA				
<b>13. PROPOSED PROJECT</b> Start Date: JULY 2008 Ending Date: DECEMBER 2008		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: JOHN DOOLITTLE b. Project: JOHN DOOLITTLE		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 500,000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	DATE:		
c. State	\$ 1,000,000	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 1,500,000			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
Prefix MS	First Name LEANNA		Middle Name	
Last Name MOORE		Suffix		
b. Title GENERAL MANAGER	c. Telephone Number (give area code) (530) 284-7224			
d. Signature of Authorized Representative Leanna Moore	e. Date Signed May 22, 2008			

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Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

☐ Other (Specify)  
☐

RECEIVED

MAY 27 2008

STATE CLEARING HOUSE

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Rancho Santiago Community College District, Inc.

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-2696799

\* c. Organizational DUNS:

076070283

d. Address:

\* Street1:

2323 N. Broadway

Street2:

\* City:

Santa Ana

County:

Orange

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 92706

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

\* First Name: Janie

Middle Name:

\* Last Name: Marcus

Suffix:

Title: Director of Grants/Resources Department

Organizational Affiliation:

\* Telephone Number: 7144807463

Fax Number: 7147963921

\* Email: marcus\_janie@rscdd.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

U.S. Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

\* 12. Funding Opportunity Number:

ED-GRANTS-042408-001

\* Title:

Emergency Management for Higher Education Grants CFDA 84.184T

13. Competition Identification Number:

84-184T2008-1

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

The City of Santa Ana and the City of Orange, Orange County, California

\* 15. Descriptive Title of Applicant's Project:

Rancho Santiago Community College District College Safety Collaborative EMHE Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant <input type="text" value="CA-047"/>	* b. Program/Project <input type="text" value="CA-047"/>	
Attach an additional list of Program/Project Congressional Districts if needed.		
<div style="border: 1px solid black; padding: 2px;"><div style="border: 1px solid black; width: 200px; height: 15px; display: inline-block;"></div> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></div>		
<b>17. Proposed Project:</b>		
* a. Start Date: <input type="text" value="09/01/2008"/>	* b. End Date: <input type="text" value="02/28/2010"/>	
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="562,339.00"/>	
* b. Applicant	<input type="text" value="73,125.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="635,464.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="05/27/2008"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Edward"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Hernandez"/>		
Suffix: <input type="text" value="Jr."/>		
* Title: <input type="text" value="Chancellor"/>		
* Telephone Number: <input type="text" value="7144807300"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="fuller_libby@rscdd.org"/>		
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/> * Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>		

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**SF 424 (R&R)** APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

<b>16. ESTIMATED PROJECT FUNDING</b> a. * Total Estimated Project Funding      \$15,000.00 b. * Total Federal & Non-Federal Funds    \$15,000.00 c. * Estimated Program Income              \$0.00	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 05/20/2008 b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																												
<b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b> <input checked="" type="radio"/> * I agree <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>																													
<b>19. Authorized Representative</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Prefix:</td> <td style="width: 25%;">* First Name:</td> <td style="width: 20%;">Middle Name:</td> <td style="width: 20%;">* Last Name:</td> <td style="width: 20%;">Suffix:</td> </tr> <tr> <td>Ms.</td> <td>Karen</td> <td>D</td> <td>Marchant</td> <td></td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">* Position/Title: Grant Analyst</td> <td style="width: 65%;">* Organization Name: Regents of the University of California, Los Angeles</td> </tr> <tr> <td>Department: Office of Contracts and Grants</td> <td>Division: Univ of Calif, Los Angeles</td> </tr> <tr> <td>* Street1: Office of Contract and Grant Admin</td> <td>Street2: 11000 Kinross Ave, Ste 102</td> </tr> <tr> <td>* City: Los Angeles</td> <td>County: Los Angeles County</td> </tr> <tr> <td>Province:</td> <td>* Country: USA; UNITED STATES</td> </tr> <tr> <td>* Phone Number: 310-794-0171</td> <td>Fax Number: 310-943-1656</td> </tr> <tr> <td></td> <td>* State: CA: California</td> </tr> <tr> <td></td> <td>* ZIP / Postal Code: 90095</td> </tr> <tr> <td></td> <td>* Email: ocga3@research.ucla.edu</td> </tr> </table> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">           * Signature of Authorized Representative            _____            Karen Marchant         </div> <div style="width: 45%;">           * Date Signed            _____         </div> </div>		Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:	Ms.	Karen	D	Marchant		* Position/Title: Grant Analyst	* Organization Name: Regents of the University of California, Los Angeles	Department: Office of Contracts and Grants	Division: Univ of Calif, Los Angeles	* Street1: Office of Contract and Grant Admin	Street2: 11000 Kinross Ave, Ste 102	* City: Los Angeles	County: Los Angeles County	Province:	* Country: USA; UNITED STATES	* Phone Number: 310-794-0171	Fax Number: 310-943-1656		* State: CA: California		* ZIP / Postal Code: 90095		* Email: ocga3@research.ucla.edu
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:																									
Ms.	Karen	D	Marchant																										
* Position/Title: Grant Analyst	* Organization Name: Regents of the University of California, Los Angeles																												
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* Street1: Office of Contract and Grant Admin	Street2: 11000 Kinross Ave, Ste 102																												
* City: Los Angeles	County: Los Angeles County																												
Province:	* Country: USA; UNITED STATES																												
* Phone Number: 310-794-0171	Fax Number: 310-943-1656																												
	* State: CA: California																												
	* ZIP / Postal Code: 90095																												
	* Email: ocga3@research.ucla.edu																												
<b>20. Pre-application</b> File Name: Mime Type:																													
<b>21. Attach an additional list of Project Congressional Districts if needed.</b> File Name: Mime Type:																													

Tracking Number:

Funding Opportunity Number:

Received Date: Time Zone: GMT-3

OMB Number: 4040-0001  
Expiration Date: 04/30/2008

\*\* TOTAL PAGE.03 \*\*



# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Applicant Identifier  State Application Identifier  Federal Identifier
--	--	---	--

<b>5. APPLICANT INFORMATION</b> Legal Name: Farm Mutual Water Company  Organizational DUNS: 603041377  Address: Street: 33383 Mill Pond Dr.  City: Wildomar  County: Riverside  State: CA Zip Code: 92595  Country: United States of America		<div style="border: 2px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 150px;"> <b>RECEIVED</b>   <b>MAY 28 2008</b>   <b>STATE CLEARING HOUSE</b> </div> Organizational Unit: Department:  Division:  Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix:                      First Name: Seth  Middle Name:  Last Name: McGaugh  Suffix:  Email: farmmutual2@aol.com  Phone Number (give area code): (951) 244-4198 Fax Number (give area code): (951) 244-6531
---	--	---

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">         9 5 - 3 4 7 4 5 2 2       </div>	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  Other (specify)
---	--

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  Other (specify)	<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development
---	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">         1 0 - 7 6 0       </div> TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Water Storage Tank and Office Building Improvements
--	---

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Service Area of Farm Mutual Water Company	<b>13. PROPOSED PROJECT</b> Start Date: Summer 2008    Ending Date: Spring 2009
---	--

<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District No. 49, Darrell Issa    b. Project Same	<b>15. ESTIMATED FUNDING:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">905,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">13,800</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">918,800</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	905,000	.00	b. Applicant	\$	13,800	.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$	918,800	.00
a. Federal	\$	905,000	.00																										
b. Applicant	\$	13,800	.00																										
c. State	\$		.00																										
d. Local	\$		.00																										
e. Other	\$		.00																										
f. Program Income	\$		.00																										
g. TOTAL	\$	918,800	.00																										

<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE:  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
---	--

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
<b>a. Authorized Representative</b> Prefix	First Name Dean	Middle Name  Suffix
Last Name Livingston		c. Telephone Number (give area code) (951) 244-4198
b. Title President		e. Date Signed <b>5-14-08</b>
d. Signature of Authorized Representative 		



**Application for Federal Assistance SF-424**

Version 02

**\*1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\*2. Type of Application**

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: AARP Foundation Programs

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
52-0794300

\*c. Organizational DUNS:  
119721533

**d. Address:**

\*Street 1: 601 E Street NW  
Street 2: \_\_\_\_\_  
\*City: Washington  
County: \_\_\_\_\_  
\*State: DC  
Province: \_\_\_\_\_  
\*Country: USA  
\*Zip / Postal Code: 20049

**e. Organizational Unit:**

Department Name:  
Senior Community Service Employment Program

Division Name:  
AARP Foundation Programs

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: Mr. \*First Name: James  
Middle Name: F.  
\*Last Name: Seith  
Suffix: \_\_\_\_\_

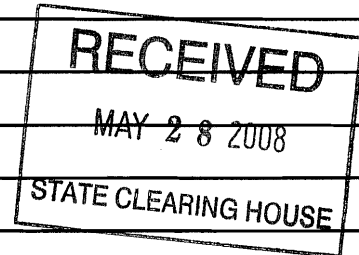
Title: Vice President, AARP Foundation Low Income Programs

Organizational Affiliation:  
AARP Foundation

\*Telephone Number: 202-434-2030

Fax Number: 202-434-6446

\*Email: jseith@aarp.org



**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

U.S. Department of Labor, Employment and Training Administration

**RECEIVED**

**11. Catalog of Federal Domestic Assistance Number:**

17-235

CFDA Title:

Senior Community Service Employment Program

MAY 28 2008

STATE CLEARING HOUSE

**\*12 Funding Opportunity Number:**

\*Title:

PY 2008 Planning Instructions and Allotments for All SCSEP Applicants

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

See Attached

**\*15. Descriptive Title of Applicant's Project:**

The Senior Community Service Employment Program is a work training program for mature workers who are 55+ and are at or below 125% of the poverty guidelines. The goal is to upgrade job readiness skills and place into unsubsidized employment off the program.

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\*a. Applicant: DC-00

\*b. Program/Project: See Attached

## 17. Proposed Project:

\*a. Start Date: July 1, 2008

\*b. End Date: June 30, 2009

## 18. Estimated Funding (\$):

*a. Federal	\$80,736,049
*b. Applicant	\$8,970,672
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$89,706,721

## \*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on May 15, 2008.☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E. O. 12372

## \*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

## Authorized Representative:

Prefix: Ms.\*First Name: SusanMiddle Name: A.\*Last Name: Miler

Suffix: \_\_\_\_\_

\*Title: Senior Vice President, AARP Foundation Programs

\*Telephone Number: 202-434-2145

Fax Number: 202-434-6446

\* Email: smiler@aarp.org\*Signature of Authorized Representative: \*Date Signed: 5/22/08

<b>APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&amp;R)</b>		<b>2. DATE SUBMITTED</b> 05/28/2008	<b>Applicant Identifier</b> 		
		<b>3. DATE RECEIVED BY STATE</b> 	<b>State Application Identifier</b> 		
<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>4. Federal Identifier</b> DE-FC02-06ER54861			
<b>5. APPLICANT INFORMATION</b> * Organizational DUNS: 067638957					
* Legal Name: General Atomics		<b>RECEIVED</b> MAY 28 2008 STATE CLEARING HOUSE			
Department: Energy	Division: Theory & Computational Science				
* Street1: 3550 General Atomics Court	Street2:				
* City: San Diego	County:			* State: CA: California	
Province:	* Country: UNITED ST			* ZIP / Postal Code: 92121-1122	
Person to be contacted on matters involving this application					
Prefix:	* First Name: David	Middle Name:	* Last Name: Schissel	Suffix:	
* Phone Number: 858-455-3387	Fax Number:	Email: david.schissel@gat.com			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 95-3735102		<b>7. * TYPE OF APPLICANT:</b> Q: For-Profit Organization (Other than Small Business) Other (Specify): <input type="checkbox"/> Women Owned <input type="checkbox"/> Small Business Organization Type <input type="checkbox"/> Socially and Economically Disadvantaged			
<b>8. * TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program			
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Simulation of Wave Interactions with MHD					
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> San Diego, CA					
<b>13. PROPOSED PROJECT:</b> * Start Date: 10/01/2008 * Ending Date: 09/30/2010		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant: CA-53 b. * Project: CA-53			
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>					
Prefix:	* First Name: David	Middle Name:	* Last Name: Schissel	Suffix:	
Position/Title: Principal Investigator	* Organization Name: General Atomics				
Department: Energy	Division: Theory & Computational Science				
* Street1: 3550 General Atomics Court	Street2:				
* City: San Diego	County:				* State: CA: California
Province:	* Country: UNITED ST				* ZIP / Postal Code: 92121-1122
* Phone Number: 858-455-3387	Fax Number:				* Email: david.schissel@gat.com

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding   
b. \* Total Federal & Non-Federal Funds   
c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
  
\* Position/Title:  \* Organization:   
Department:  Division:   
\* Street1:  Street2:   
\* City:  County:  \* State:   
Province:  \* Country:  \* ZIP / Postal Code:   
\* Phone Number:  Fax Number:  \* Email:

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application****21. Attach an additional list of Project Congressional Districts if needed.**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

PK/Award # 41841080143

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Version 02

## Application for Federal Assistance SF-424

## \*1. Type of Submission:

☐ Preapplication☒ Application☐ Changed/Corrected Application

## \*2. Type of Application

☒ New☐ Continuation☐ Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

## 3. Date Received:

05/27/2008

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \*5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\*a. Legal Name: Santa Monica College

\*b. Employer/Taxpayer Identification Number (EIN/TIN):

95-2767537

\*c. Organizational DUNS:

038735049

## d. Address:

\*Street 1: 1900 Pico Blvd.

Street 2: \_\_\_\_\_

\*City: Santa Monica

County: Los Angeles

\*State: CA

Province: \_\_\_\_\_

\*Country: United States

\*Zip / Postal Code 90405



## e. Organizational Unit:

Department Name:

SMCPD/Risk Management

Division Name:

Student Services

## f. Name and contact information of person to be contacted on matters involving this application:

Prefix: \_\_\_\_\_

\*First Name: Laurie

Middle Name: \_\_\_\_\_

\*Last Name: McQuay-Peninger

Suffix: \_\_\_\_\_

Title:

Director, Grants

Organizational Affiliation:

Grants Office

\*Telephone Number: (310) 434-3718

Fax Number: (310) 434-3709

\*Email: McQuay-Peninger\_Laurel@smc.edu

**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**

H. Public /State Controlled Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:**

S. Hispanic-serving Institution

**Type of Applicant 3: Select Applicant Type:**

\*Other (Specify)

**\*10 Name of Federal Agency:**

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**84.184**CFDA Title:**Safe and Drug-Free Schools and Communities National Programs**\*12 Funding Opportunity Number:**ED-GRANTS-042408-001**\*Title:**Emergency Management for Higher Education Grants CFDA 84.184T**13. Competition Identification Number:**84-184T2008-1**Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Santa Monica, City of Los Angeles, west Los Angeles County

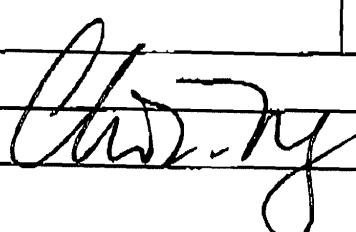
**\*15. Descriptive Title of Applicant's Project:**

Santa Monica College Emergency Management Initiative

PK/Hward # Q1841080145

OMB Number: 4040-0004

Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-30	*b. Program/Project: 30-35	
<b>17. Proposed Project:</b>		
*a. Start Date: 01/01/2009	*b. End Date: 06/30/2010	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	355,560.00	
*b. Applicant	0.00	
*c. State	0.00	
*d. Local	0.00	
*e. Other	0.00	
*f. Program Income	0.00	
*g. TOTAL	355,560.00	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>05/27/08</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Chul</u>	
Middle Name: <u>L.</u>		
*Last Name: <u>Tsang</u>		
Suffix: _____		
*Title: Superintendent/President		
*Telephone Number: (310) 434-4200		Fax Number: (310) 434-4386
* Email: <u>Tsang_Chul@smc.edu</u>		
*Signature of Authorized Representative: 		*Date Signed: 05/27/08

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

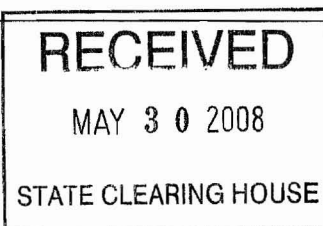


# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<b>5. APPLICANT INFORMATION</b>		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
Legal Name: Merced College		Organizational Unit: Department:	
Organizational DUNS: 074667072		Division:	
Address: Street: 3600 M Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Benjamin	
City: Merced		Middle Name	
County: Merced		Last Name Duran	
State: CA	Zip Code 95348	Suffix:	
Country: United States		Email: duran.b@mccd.edu	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 77-0362218		Phone Number (give area code) (209) 384-6100	Fax Number (give area code) (209) 384-6043
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) I. State Controlled Institution of Higher Learning Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Economic Adjustment 11-302		<b>9. NAME OF FEDERAL AGENCY:</b> Economic Development Administration	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Cities of Los Banos and Merced, Merced County		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> "Planning Grant to Create the Innovation Place Network"	
<b>13. PROPOSED PROJECT</b> Start Date: June 2008 Ending Date: June 2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 18th District b. Project 18th District	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 60,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 22, 2008	
b. Applicant	\$ 42,500.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ 102,500.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Authorized Representative			
Prefix Dr.	First Name Benjamin	Middle Name	
Last Name Duran		Suffix	
b. Title President		c. Telephone Number (give area code) (209) 384-6100	
d. Signature of Authorized Representative		e. Date Signed May 22, 2008	


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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Merced County Economic Development Corporation		Organizational Unit: Department:	
Organizational DUNS: 090845512		Division:	
Address: Street: 470 W. Main Street, Suite 7		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Scott	
City: Merced		Middle Name	
County: Merced		Last Name Galbraith	
State: CA	Zip Code 95340	Suffix:	
Country: United States		Email: sgalbraith@mcedco.com	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 7 7 - 0 3 5 4 0 7 9		Phone Number (give area code) 209-723-3889	Fax Number (give area code) 209-723-4450
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O. Not for Profit Organization Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1 1 - 3 0 2 TITLE (Name of Program): Economic Adjustment		<b>9. NAME OF FEDERAL AGENCY:</b> Economic Development Administration	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Cities of Los Banos and Merced, Merced County		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> "Planning Grant to Create the Innovation Place Network"	
<b>13. PROPOSED PROJECT</b> Start Date: June 2008 Ending Date: June 2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 18th District b. Project 18th District	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 60,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 23, 2008	
b. Applicant	\$ 42,500 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ <sup>00</sup>		
g. TOTAL	\$ 102,500 <sup>00</sup>		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix	First Name Scott	Middle Name	
Last Name Galbraith	Suffix		
b. Title President & CEO	c. Telephone Number (give area code) 209-723-3889		
d. Signature of Authorized Representative 	e. Date Signed May 23, 2008		

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☐ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

Amendment CE-96949401-4

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

CE-96949401-3

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Association of Bay Area Governments

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-2832478

\* c. Organizational DUNS:

07-907-3920

d. Address:

\* Street1:

P.O. Box 2050

Street2:

101 Eighth Street

\* City:

Oakland

County:

Alameda

\* State:

CA

Province:

\* Country:

USA

\* Zip / Postal Code:

94604-2050

e. Organizational Unit:

Department Name:

San Francisco Estuary Project

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

\* First Name:

Judy

Middle Name:

A.

\* Last Name:

Kelly

Suffix:

Title: Director, San Francisco Estuary Project

Organizational Affiliation:

Association of Bay Area Governments

\* Telephone Number: 510-622-8137

Fax Number: 510-622-2501

\* Email: jakelly@waterboards.ca.gov

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Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

E. Regional organization-local governments

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-456

CFDA Title:

Clean Water Act Section 320 National Estuary Program

\* 12. Funding Opportunity Number:

CWA Section 320

\* Title:

National Estuary Program

13. Competition Identification Number:

Non-competitive

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Nine Bay area counties and three Delta Counties surrounding the San Francisco Bay Estuary

\* 15. Descriptive Title of Applicant's Project:

San Francisco Estuary Project- Implementation of the Comprehensive Conservation and Management Plan (CCMP)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$591,750.00"/>
* b. Applicant	<input type="text" value="\$15,000.00"/>
* c. State	<input type="text" value="\$576,750.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$1,183,500.00"/>

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☐ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

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